

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031775

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED SEP 9 1963

1. PLACE OF DEATH

a. COUNTY

Cooper

b. CITY (if outside corporate limits, give TOWNSHIP only)
OR TOWN **Boonville**

Length of stay in 1b
1 day

c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR INSTITUTION **St. Joseph Hospital**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cooper

c. CITY OR TOWN

Pilot Grove

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (if outside, give location)
- - - - -

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

ENSLIE

Middle

IRVIN

Last

SCHILB Sr.

4. DATE OF DEATH

Month

Day

Year

Sept. 6, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-1-1893

9. AGE (last birthday)

70

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Dentist

10b. KIND OF BUSINESS OR INDUSTRY

Same

11. BIRTHPLACE (City and state or country)

Otterville, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Francis Schilb

13b. MOTHER'S MAIDEN NAME

Sophia Speiler

14. NAME OF HUSBAND OR WIFE

Kathryn Schilb

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates)

Yes

W. W. # 1

17. INFORMANT

Mrs. Kathryn Schilb Pilot Grove, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ACUTE RECURRENT INFARCTION OF THE MYOCARDIUM

INTERVAL BETWEEN ONSET AND DEATH
HOURS

DUE TO (b)

ARTERIOSCLEROTIC HEART DISEASE

6 MONTHS.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PREVIOUS ANTEROSEPTAL MYOCARDIAL INFARCTION DURATION UNCERTAIN

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **9/5/63** to **9/6/63** and last saw ^{has}him alive on **9/5/63**
Death occurred at **1:20 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9-8-1963

23c. NAME OF CEMETERY OR CREMATORY

Pilot Grove Cemetery

23d. LOCATION (City, town, or county)

Pilot Grove, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Hays-Painter Pilot Grove, Missouri

25. DATE RECD. BY LOCAL REG.

9/7/63

26. REGISTRAR'S SIGNATURE

SA Hooper

SEP 12 1963

SEP 18 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert L. Painter

Licensed Embalmer No.

4069

P. O. Address

Pilot Grove, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.